

Wood C. Berryman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept.	Day 2	Years	Months	Days
Sex	Female	Color or Race	Black		Birth-place	Centreville
Occupation				Where Residing if not at place of death	Centreville	
Married, Single or Widowed				Name of Wife or Husband	Centreville	
Father's Name	Chas. Berryman			Father's Birthplace	Centreville	
Mother's Maiden Name	Sadie Wells			Mother's Birthplace	Burkeville	
Name of person giving information	Chas. Berryman			How related to deceased	Father	

CAUSES OF DEATH

Primary

Congenital weakness

105

How long since birth

Immediate

Summer Diarrhoea

How long

One month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

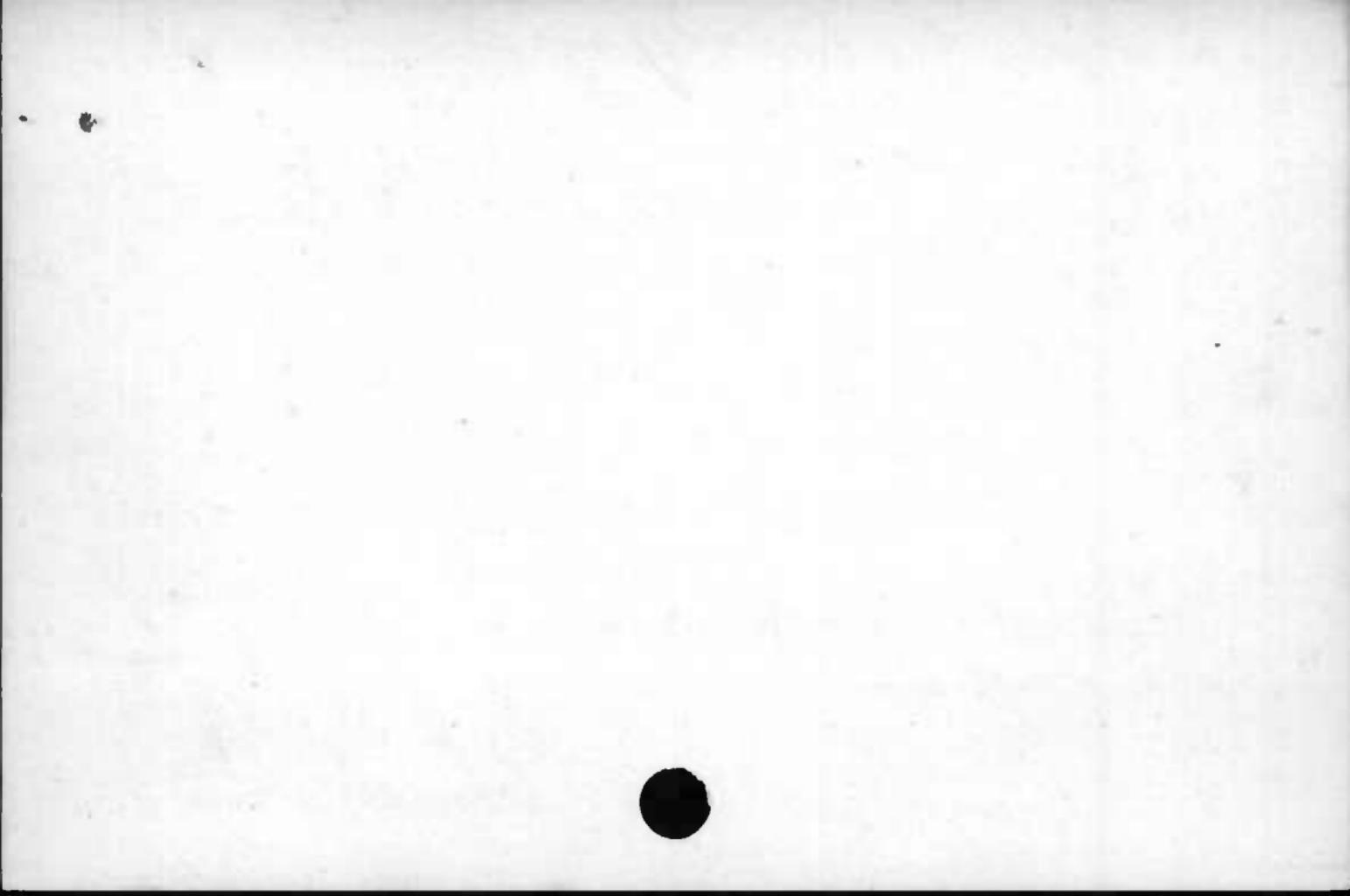
E. F. Smith M.D.

Address

Centreville

Md.

Accident or Suicide?



Name
in
Full

Daniel Normand Chauvel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Church Hill</u>		Town <u>Queen Anne's</u>		County <u>Maryland</u>			
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>24</u>	Years <u>...</u>	Months <u>4</u>	Days <u>9</u>		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>			
Occupation <u>Infant</u>			Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>...</u>						
Father's Name <u>Daniel M. Chauvel</u>			Father's Birthplace <u>Jefferson Co. N.Y.</u>				
Mother's Maiden Name <u>Marythw Rice</u>			Mother's Birthplace <u>Jefferson Co. N.Y.</u>				
Name of person giving information <u>Daniel M Chauvel</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

6 months

Immediate

Prostration

How long

a few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. B. Dudley
Church Hill Md

Accident or Suicide?



Name
in
Full

Henry Conyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month 9	Day 20	Years 80	Months —	Days —
Sex male	Color or Race negro	Birth-place Queen Anne			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Fannie Blake				
Father's Name Chas Conyer	Father's Birthplace Md				
Mother's Maiden Name Hester	Mother's Birthplace Md				
Name of person giving information Rachel A. Conyer	How related to deceased Sister in law				
CAUSES OF DEATH (66)					
Primary	Paralysis General Debility				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Robt. W. Eddie F.D.		
		Address	Centre ville Md.		

PHYSICIAN
OR CORONER

Accident or Suicide?

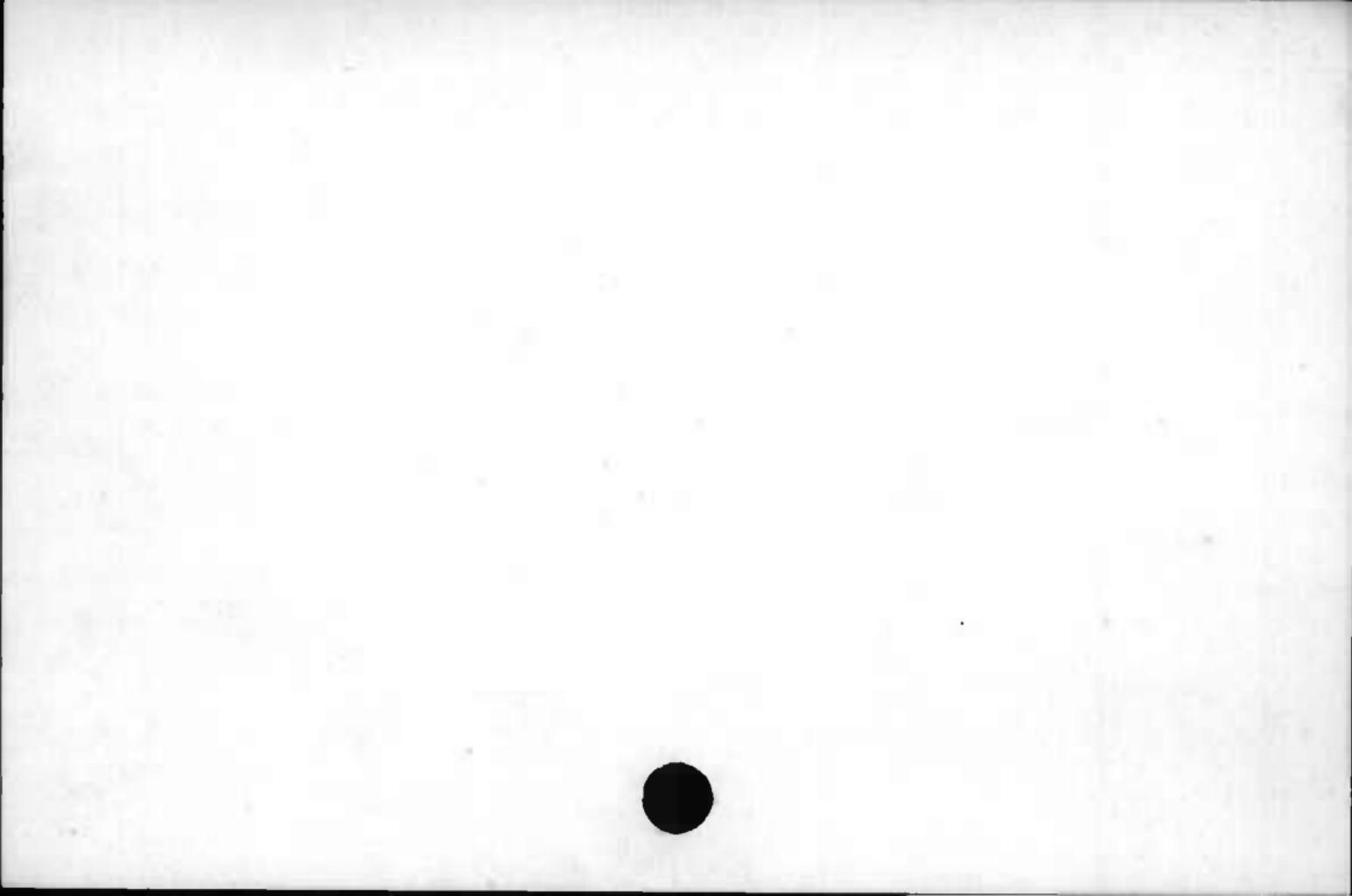


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town,		County		MARYLAND	
Date of death	190	Month	Sept	Day	25	Years	Months
Sex	Boy	Color or Race	Black	Age	2	Days	25
Occupation	none	Where Residing if not at place of death Centerville					
Married, Single or Widow	Name of Wife or Husband						
Father's Name	Nelson Dorones						
Mother's Maiden Name	Bobby Wilson						
Name of person giving information	Paul Railey						
CAUSES OF DEATH							
Primary	Summer Diarrhoea (D5)						
Immediate	" 2 days						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address	
Yes				E. F. Smith M.D.		Centerville Md.	
Accident or Suicide?							



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Josephine Green

CERTIFICATE OF DEATH

Died at Brumfitt, Town

County

MARYLAND

Date of death 1906 Month

Day

Years

Months

Days

Age 57

5

10

Sex Female

Color or Race

Black

Birth-place

Kent Island Md.

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William James Green

Father's Name

Basil Honey

Father's Birthplace

Kent Island Md

Mother's Maiden Name

Mary during

Mother's Birthplace

Kent Island Md

Name of person giving
Information

William James Green

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Walking Typhoid

How long

8 weeks

Immediate

Heart Prostration

How long

9 hours

Are the name, age, sex, color, date
and place correctly given above?

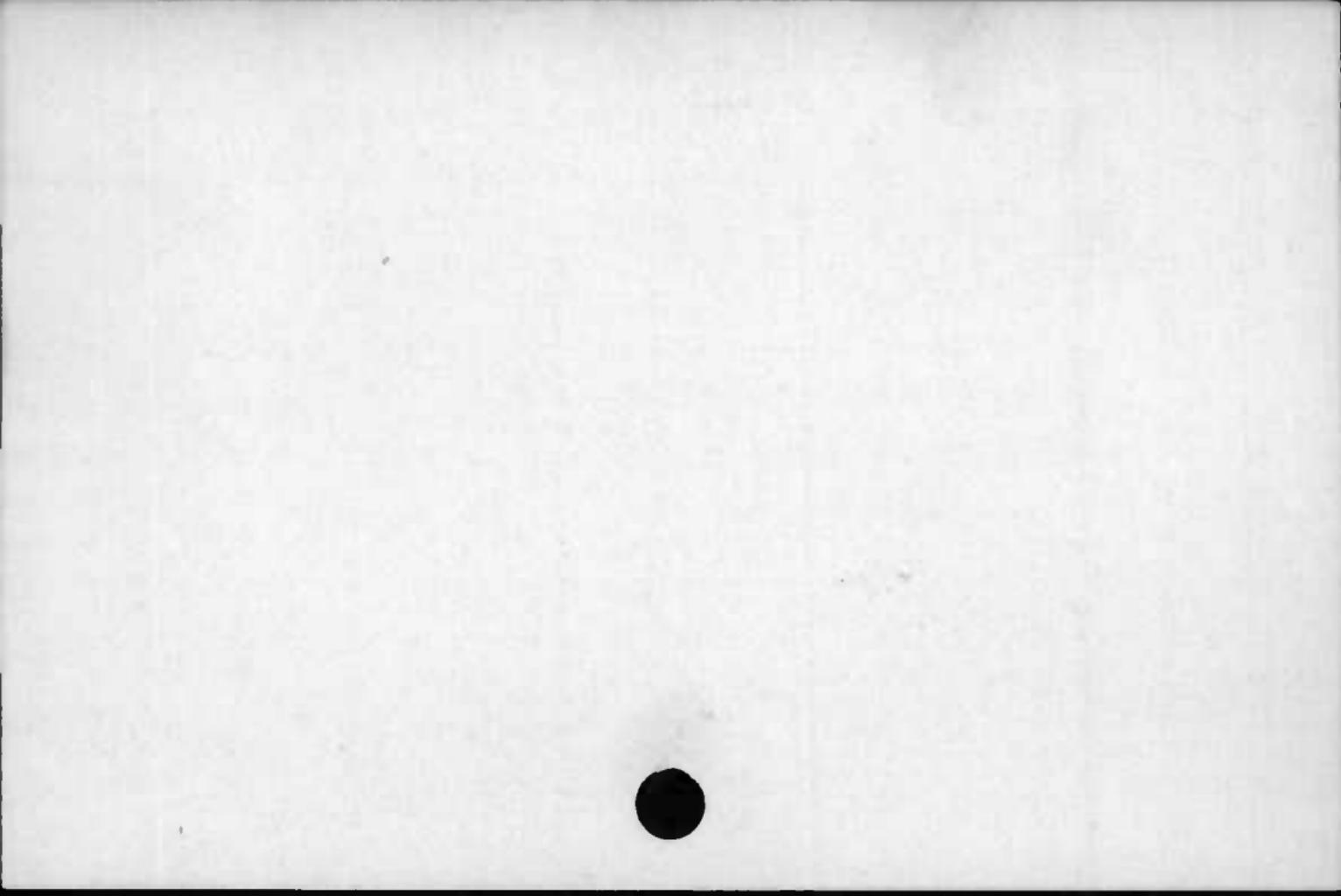
Yes

Signature of
Physician

Address

Geo St. Betsad, M.D.
Brumfitt, Md

Accident or Suicide?



Name
in
Full

Jannie May Staelis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buckerville</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>24</u>	Years	Months <u>7</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Buckerville MD</u>			
Occupation <u>Muraining</u>	Where Residing if not at place of death <u>Place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u>Buckeboon MD</u>			
Father's Name <u>Jefferson White</u>	Mother's Birthplace <u>Buckerville MD</u>				
Mother's Maiden Name <u>Hattie Staelis</u>	How related to deceased <u>Grandfather</u>				
Name of person giving Information <u>Benj Staelis</u>					

CAUSES OF DEATH

Primary

Enteros-Colitis

105

How long

3 weeks

Immediate

Exhaustion

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frederick MD
Buckerville
Jannie Anna Lee MD

Accident or Suicide?

NO



Name
in
Full

Mary Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1909	Sept	21	Age one
Sex	Color or Race	Where Residing if not at place of death	
Female	Colored	Compton, Md	
Occupation			
Married, Single or Widowed	Name of Wife or Husband		
Single	Alphonse		
Father's Name	Queen Anne		
Mother's Maiden Name	Queen Anne		
Name of person giving information	How related to deceased		
Charles Hines	Nucle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Electric
convulsions

105

How long

2 Weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

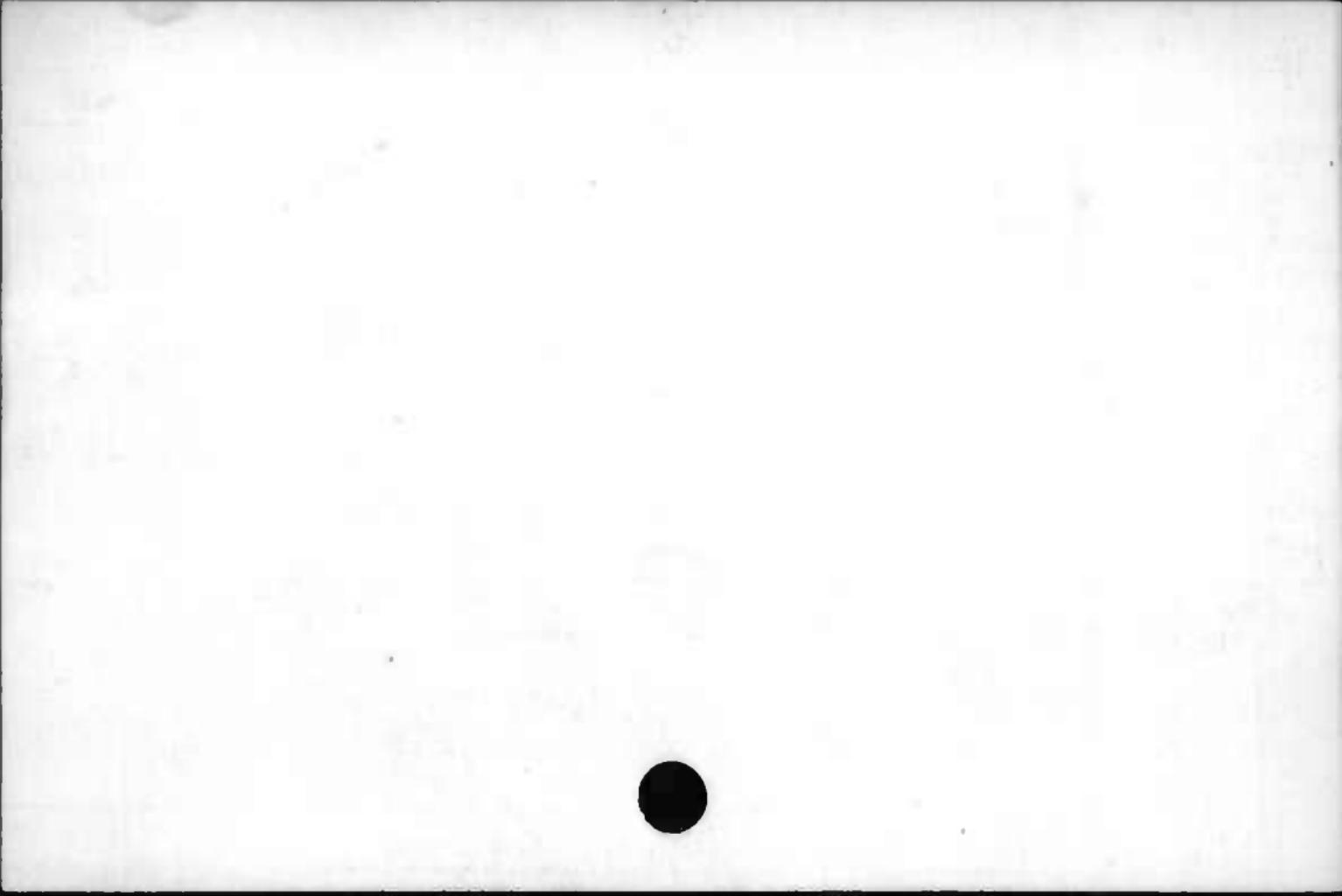
Yes

Signature of Physician

Address

D. G. Gouraud, M.D.
Hellebentax
Md.

Accident or Suicide?



Name
in
Full

Nelson Syler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	New Church Hill Queen Anne			County	MARYLAND			
Died	Month	Day	Years	Months	Days			
Date of death	1906	Sept 9	3	9	8			
Sex	Male	Color or Race	Black	Birth- place	Md G. Md			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Spouse	Name of Wife or Husband						
Father's Name	Chas. H. Syler						Father's Birthplace	Md
Mother's Maiden Name	Sarah E. Bell						Mother's Birthplace	Md
Name of person giving Information	Sarah E. Syler						How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Hemo- Colitis

Immediate
Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Ys

Signature of
Physician

Address

A. G. Cappage
Church Hill

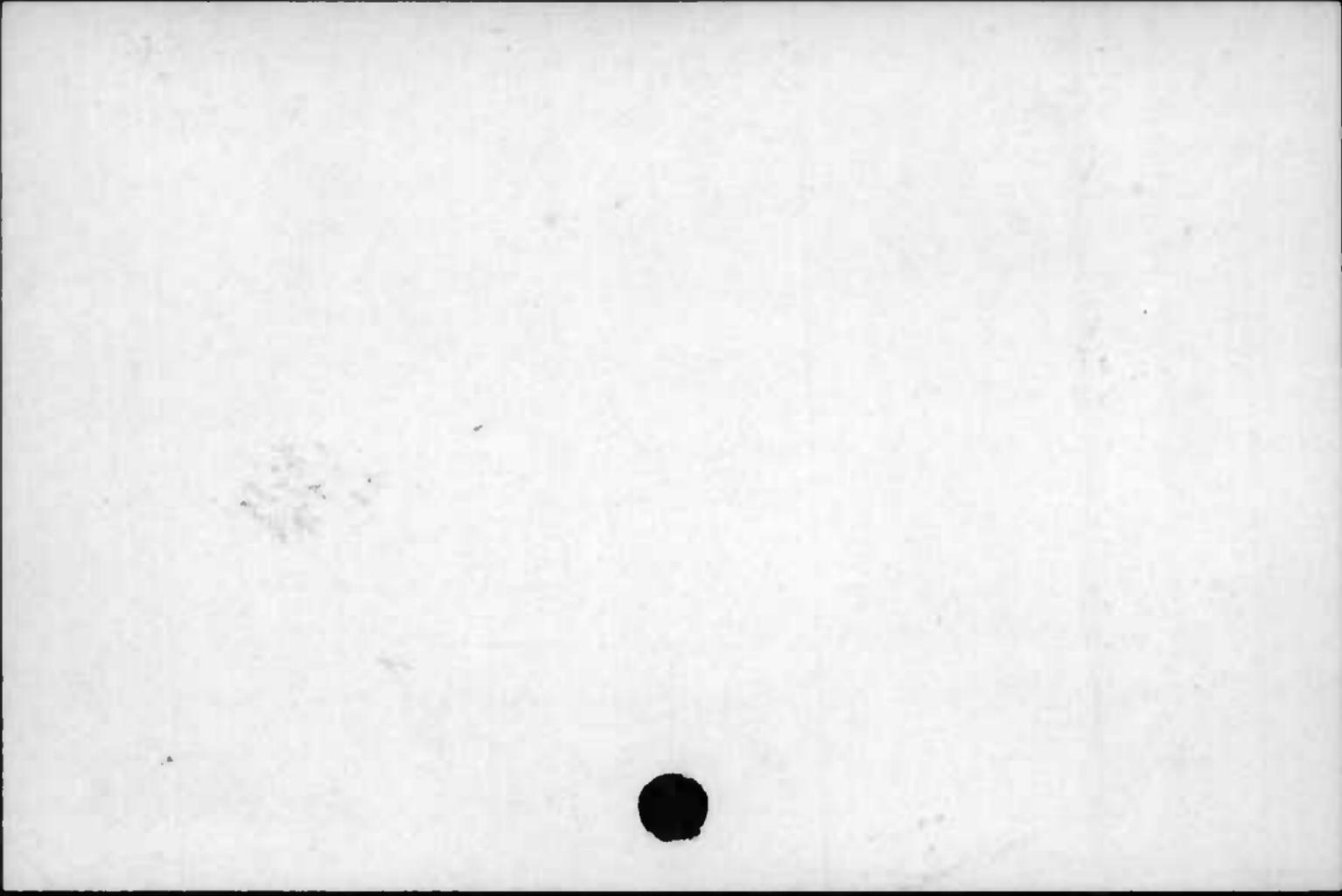
I never saw this child
but have been sending medicine
for a week.

Accident or Suicide for a week

106

How long
2 weeks

How long
3 days



Name
in
Full

James H. Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Sykes</u>		Town <u>2d</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>18</u>	Age <u>73</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carolin Co</u>			
Occupation <u>Retiree</u>	Where Residing if not at place of death <u>near Sykes</u>				
Married, Single or Widowed	Name of Wife or Husband	dear			
Father's Name <u>Lebias Lane</u>	Father's Birthplace <u>Carolin Co</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace				
Name of person giving information <u>James E. Lane</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(66)

How long

several years

Immediate

lema

How long

several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

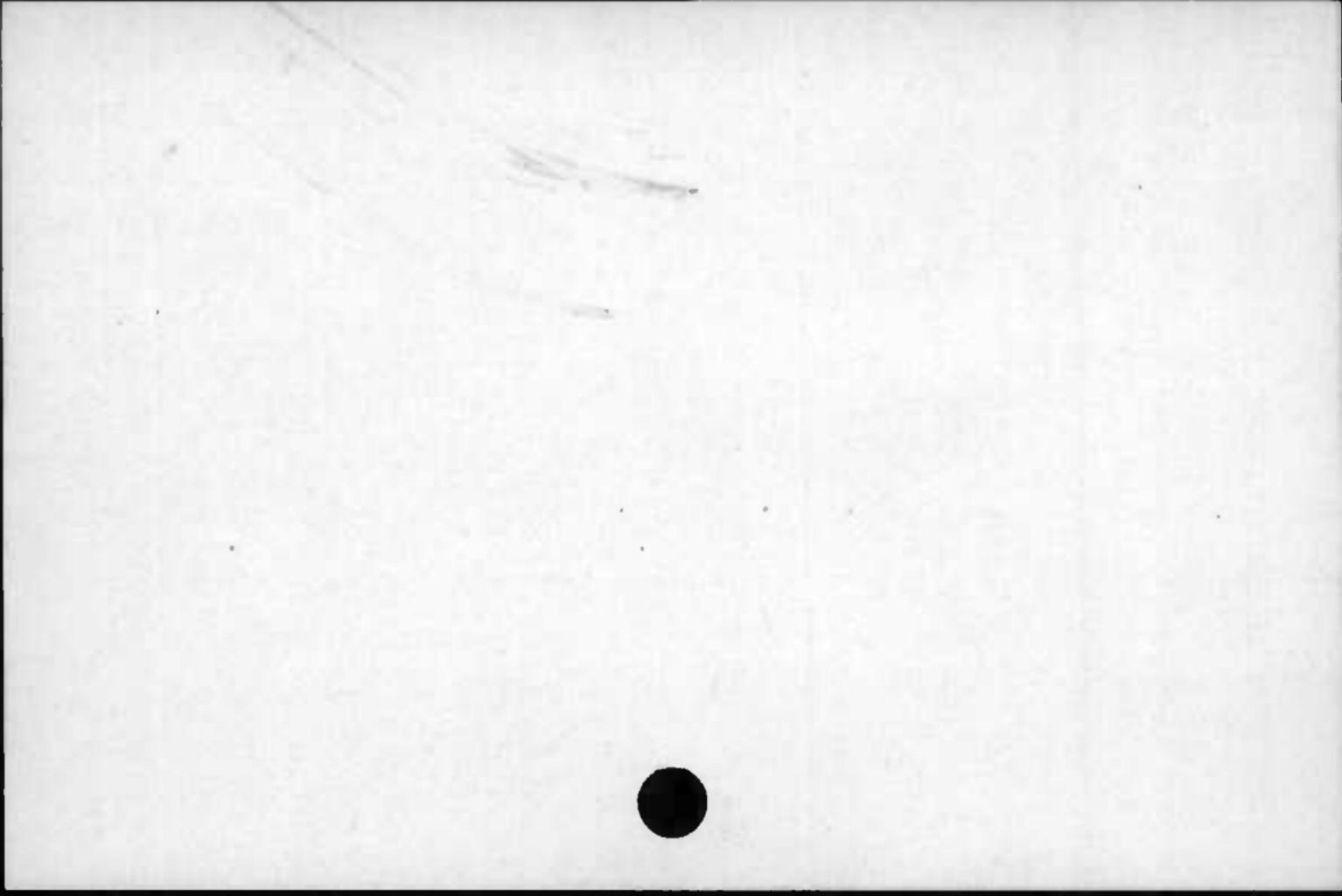
Address

Howard R. Hopkins

Lancaster

Pa.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

No Name						CERTIFICATE OF DEATH		
Died at		Town	Lane		County	MARYLAND		
Date of death	1906	Month Sept.	17	Day	Years	Months	Days	
Age	X		X		X		2	
Sex	Male	Color or Race	White		Birth-place	Tuttle Island		
Occupation	Where Residing if not at place of death					" "		
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	Chas. Lane					Father's Birthplace	Caroline Co.	
Mother's Maiden Name	Zenia Bridges					Mother's Birthplace	Queen Anne Co.	
Name of person giving information	Chas. Lane					How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Do not know

179

How long
died suddenly,
How long

Immediate

Do not know

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Gov. R. Beulah
Stevensville

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Laura Marshace

CERTIFICATE OF DEATH

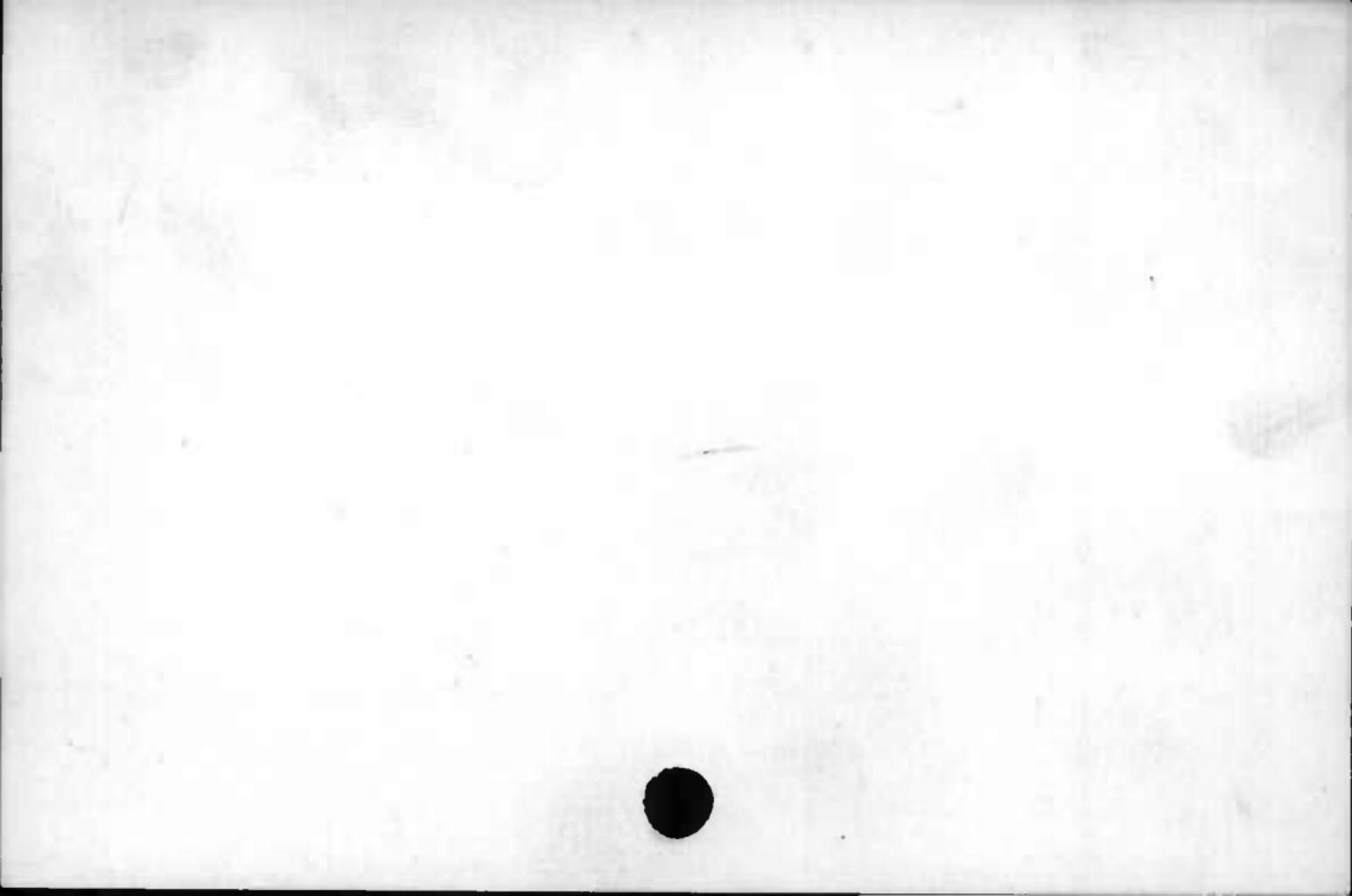
MARYLAND

Died at <u>Chestertown</u>		Town <u>Ia.</u>		County			
Date of death <u>1906</u>	Month <u>9</u>	Day <u>3</u>	Age <u>14</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Talbot Co. Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Singer</u>	Name of Wife or Husband <u>-</u>						
Father's Name <u>Frank Marshall</u>			Father's Birthplace <u>Talbot Co. Md</u>				
Mother's Maiden Name <u>Laura J. Hancock</u>			Mother's Birthplace <u>Ia. Co. Md</u>				
Name of person giving Information <u>Walter Roe</u>			How related to deceased <u>uncle</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rheumatism & Chronic Valvular Disease</u>	How long <u>- 19 months</u>
Immediate <u>acute hypertrophy of the heart</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Chas. E. Murphy</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide?	



Name
in
Full

Mary Raduey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

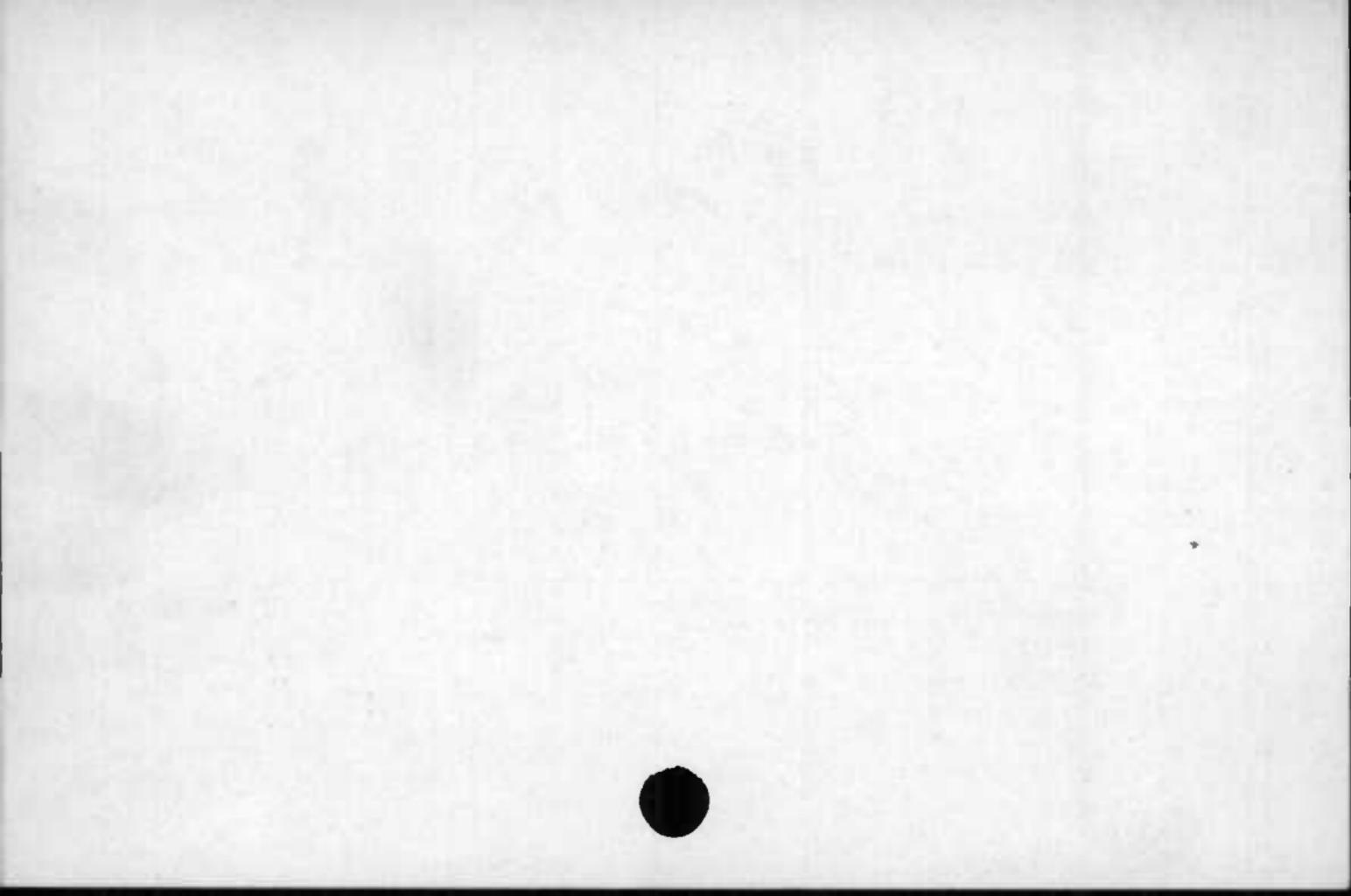
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Sept	18	3		
Sex	Female	Color or Race	White	Birth-place	Zelby
Occupation				Where Residing if not at place of death	Queens
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Raduey			Father's Birthplace	Zelby
Mother's Maiden Name	Mary Remshaw			Mother's Birthplace	Zelby
Name of person giving information	Mother			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tranquillia	How long	Five days
Immediate	Suffocation	How long	not known
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Rowland W. Ford
Yes		Address	Queensbury, Md.
Accident or Suicide?			

Accident or Suicide?



Name
in
Full

Sherley R. Secord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		County <u>2. A.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>29</u>	Age	Years	Months <u>9</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Nursing</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>~</u>				
Father's Name <u>Mr Henry Secord</u>	Father's Birthplace <u>2. A. 60</u>				
Mother's Maiden Name <u>Frances K. Chapman</u>	Mother's Birthplace <u>2. A. 60</u>				
Name of person giving Information <u>Mr Henry Secord</u>	How related to deceased <u>Father</u>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cubro-biotics

105

How long

3 weeks

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Major draughts
Baltimore
2. A. 60

Accident or Suicide?

no



Name

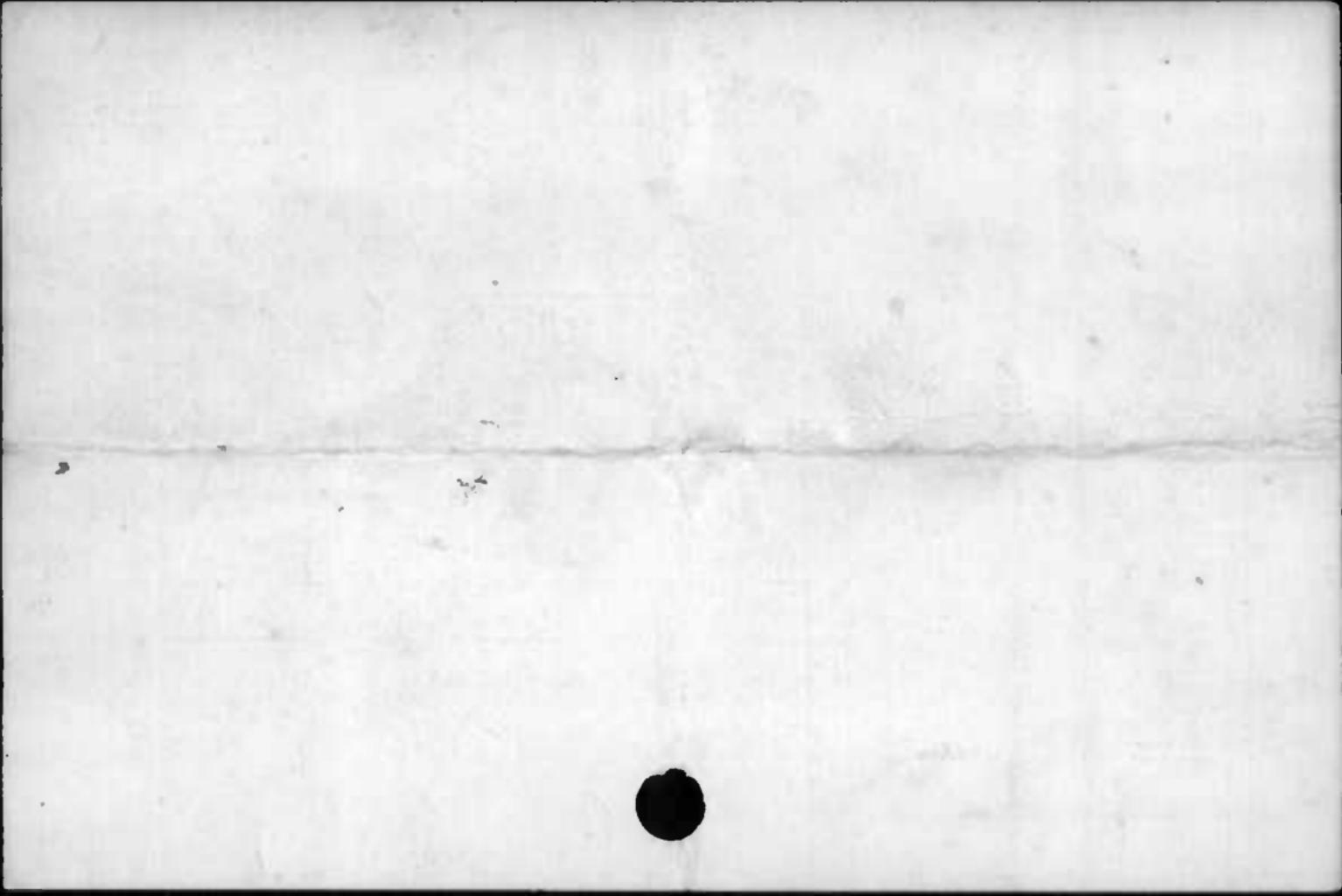
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Jonathan A. Shokan				CERTIFICATE OF DEATH			
Died at near Simplicity		County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1906	September	17	59	3	27		
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	Labourer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. Shokan		Father's Birthplace	1861
Father's Name	Jonathan Shokan				Mother's Birthplace		1861
Mother's Maiden Name	Mary Anne Griffin				How related to deceased		none
Name of person giving information	Charles Stone						
CAUSES OF DEATH				79			
Primary					How long		
Immediate	Valvular heart disease				3 weeks		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				J. P. Smith, M.D.			
Accident or Suicide?				36. Faalham cor			



Name
in
Full

Eldridge South
Town Manchester County J. A.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month		Day	Years	Months	Days
Date of death	1906	Sept	28	Age 10		
Sex	Color or Race		White		Birth-place	Perryville
Occupation	—		Where Residing if not at place of death		Perryville	
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Elias South				Father's Birthplace	2 a 60
Mother's Maiden Name	Lila Johnson				Mothar's Birthplace	2 a 60
Name of person giving Information	Chas South				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilis.

⑨

How long

one month

Immediate

Suffocation

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Howard P. Hopkins

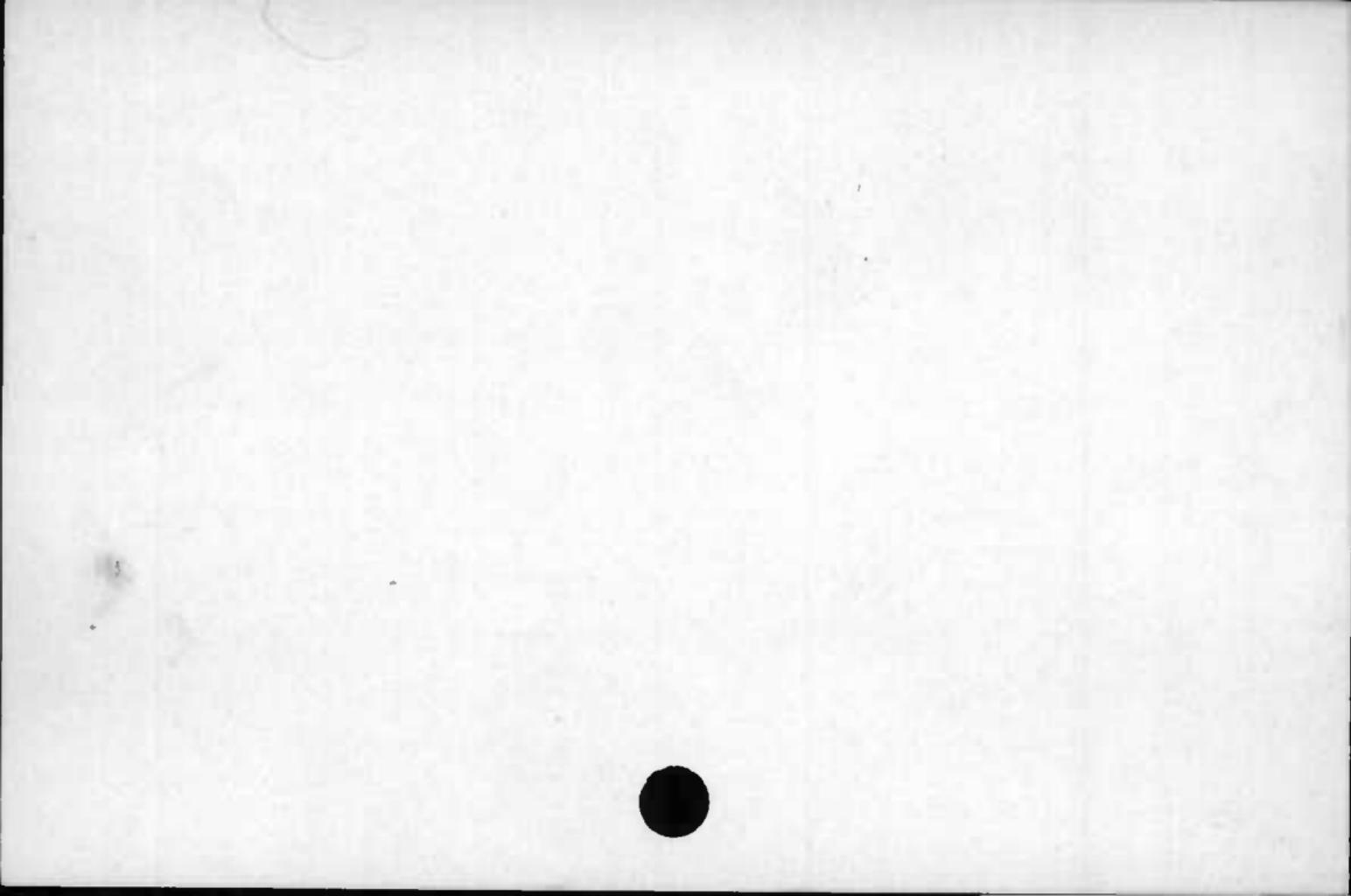
Address

Leavenworth
Md.

45

[Redacted]

Accident or Suicide?



Name
in
Full

Mary Augusta Stranahan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband				
Father's Name	Thomas W. Stranahan				
Mother's Maiden Name	Percyelia West				
Name of person giving information	Norman L. Stranahan				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic bronchitis 88

How long

Immediate

Ten weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

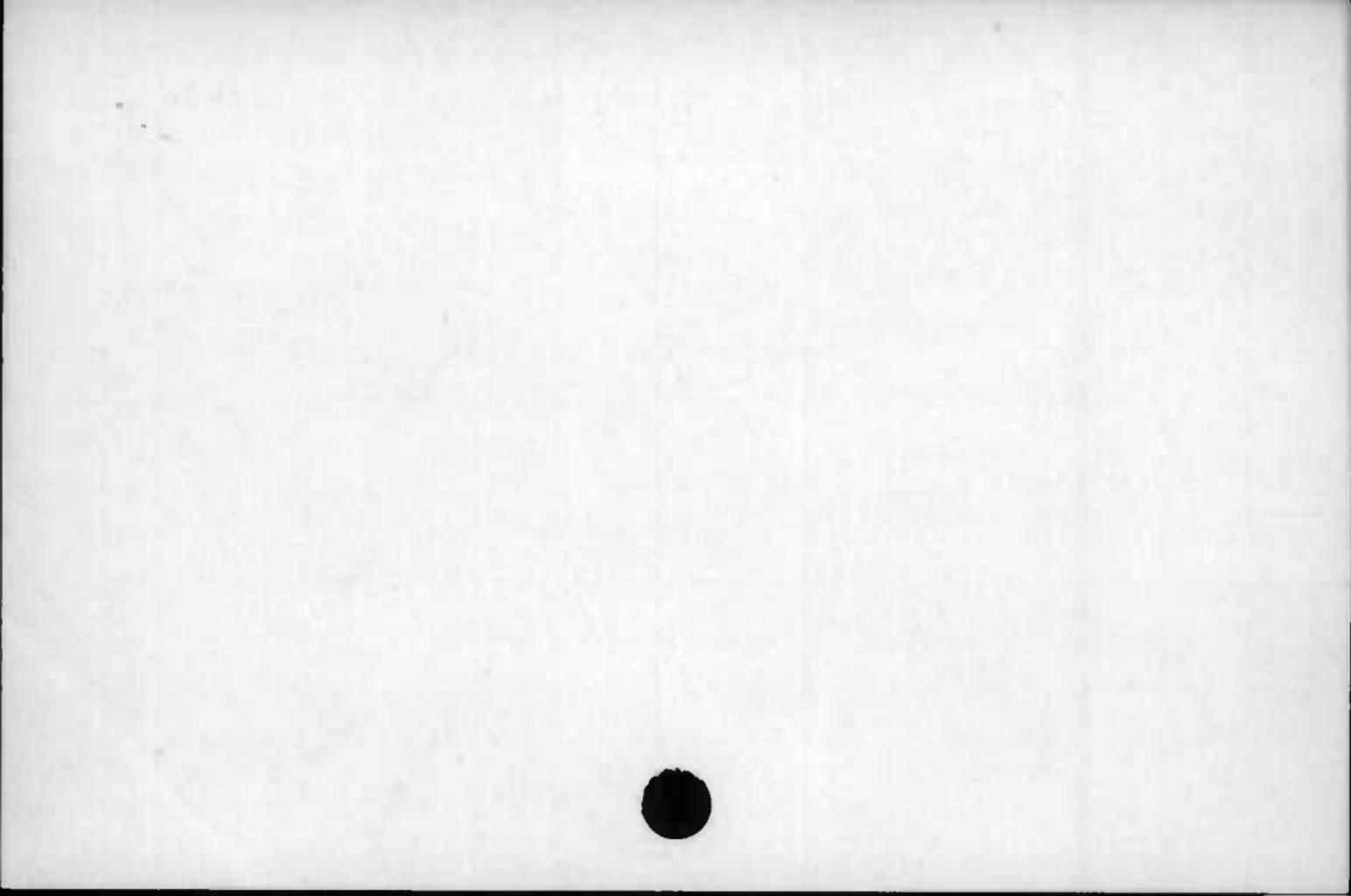
Signature of Physician

Address

Asklvam

Inglewood, Md.

Accident or Suicide?



Name
in
Full

Samuel E. Mearnius

CERTIFICATE OF DEATH

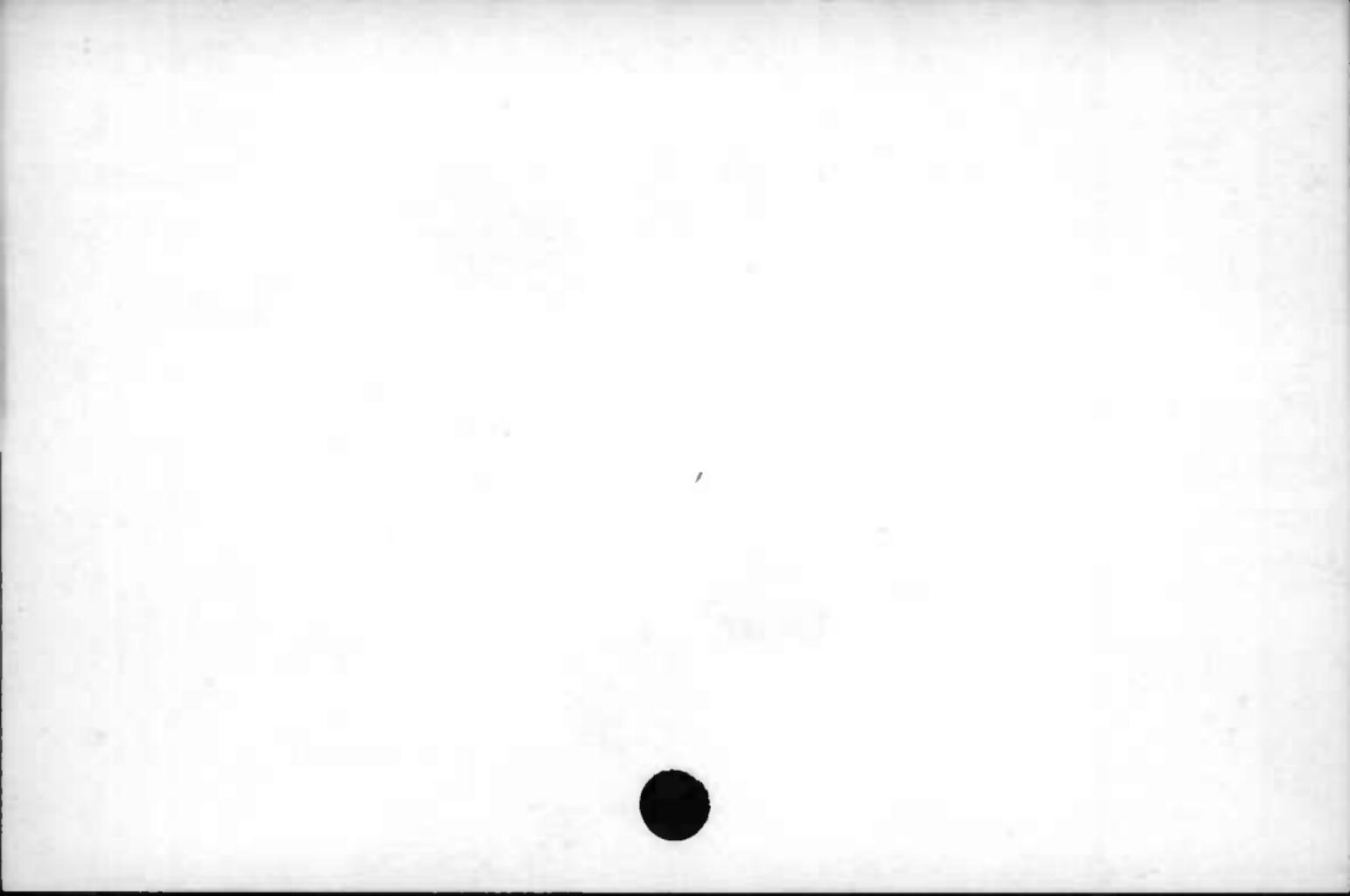
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel E. Mearnius				
Mother's Maiden Name					
Name of person giving Information	Ernest Lee				
Father's Birthplace	Kent Is.				
Mother's Birthplace					
How related to deceased	None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Kent trouble		How long	2 years-
Immediate	Drugs & heat synapse.		How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. Chas. E. Snyder
			Address	Stevens Blvnd.
Accident or Suicide?				



Name
in
Full

Rachael A White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
	Stevensville		Queen Anne's				
Date of death 190	Month	Day	Years	Months	Days		
	6	Sept	29	18			
Sex	Female		Color or Race	Black		Birth-place	Stevensville, Md
Married, Single or Widowed			Occupation	Infant			
Name of Wife or Husband							
Father's Name	Edward White		Father's Birthplace	Baltimore, Md.			
Mother's Maiden Name	Agnes Wilson		Mother's Birthplace	Kent Island			
Name of person giving information	Edward White		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis (AD)		How long	2 months
Immediate	Exhaustion & Starvation		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Percy Temp	
		Address	Stevensville, Md.	
Accident or Suicide?				



Name
in
Full

Martha R Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Star		Town Queen Anne		County MARYLAND	
Date of death 1906	Month Sept	Day 14	Age	Years	Months two
Sex Female	Color or Race Colored	Where Residing if not at place of death		Days two	
Occupation None					
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name George Wilson			Father's Birthplace Star		
Mother's Maiden Name Manda Wilson			Mother's Birthplace Star		
Name of person giving Information Henry Wilson			How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

In arasmus

How long

1/2 months

Immediate

Exanstor

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

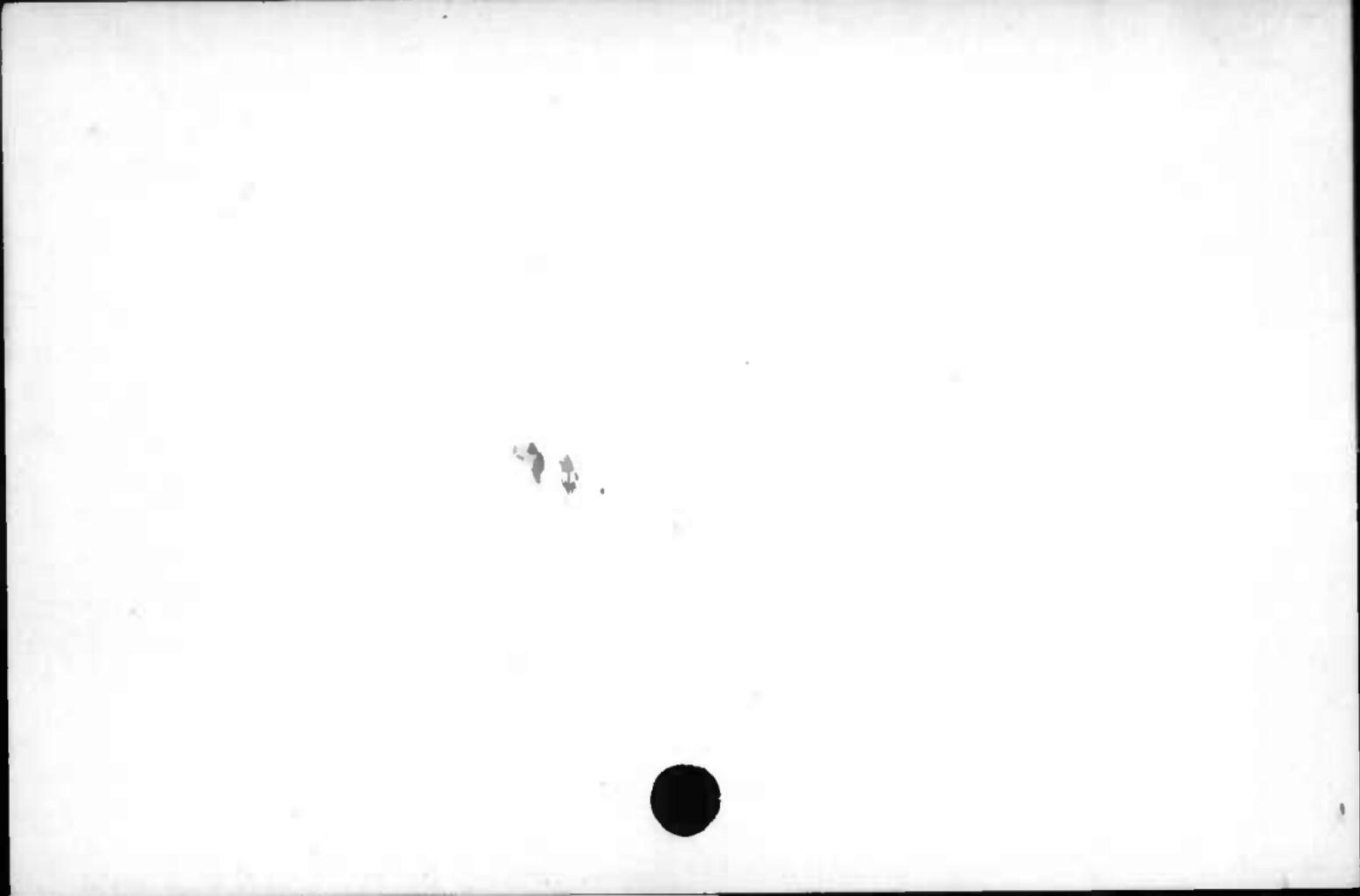
Signature of Physician

Walter L Fenby,

Address

Ruthsburg
Md.

Accident or Suicide?



Name
in
Full

Nettie Wilson

CERTIFICATE OF DEATH

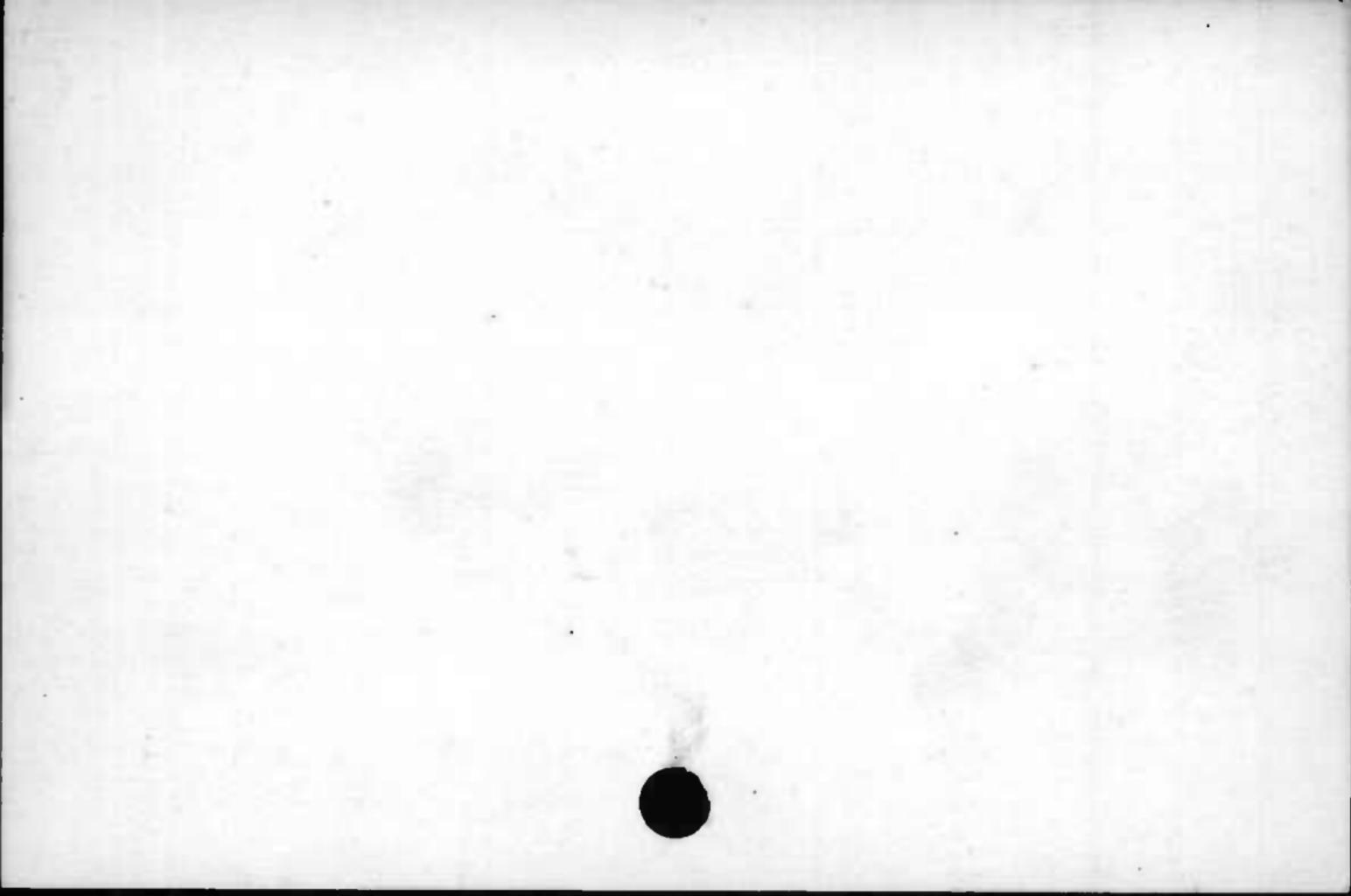
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month Sept	Day 30	Years 1	Months 10	Days
Sex	Female	Color or Race	Black	Birth-place	T. A. Bo	
Occupation	None	Where Residing if not at place of death			Brownsville Md	
Married, Single or Widower		Name of Wife or Husband				
Father's Name	Albert Wilson			Father's Birthplace	T. A. Bo	
Mother's Maiden Name	Mary Anderson			Mother's Birthplace	T. A. Bo	
Name of person giving information	Albert Wilson			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia 93	
Immediate	Cut say - only saw abdominal	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		J. D. Orr
Address	Culreville	
Accident or Suicide?	No	



Name
in
Full

Rott. J. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Frances Brooks				
Father's Name	Perry Wilson				Father's Birthplace	
Mother's Maiden Name	Mary	?	Mother's Birthplace			
Name of person giving information	Doris Wilson				How related to deceased	Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

2 yrs

Immediate

Dropsey

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

MG Lumsden

Chestertown

MD

Accident or Suicide?

No

